USDA CSF Surveillance Submission Form for Wildlife Services						Page of
Wildlife Services Information				Testing Laboratory Information		CSF Referral Number:
Biologist Name:				Laboratory ID: <u>2.16.840.1.113883.3.5.1.</u>		
Last First				Laboratory Name:		
Address:				Laboratory Name.		
City	:	State	e:Zip:			
	ı				10	
	Sample Ba	ar Code	Collection Site County State		Collection Ha (Circle all that a	
			County State	1. Urban 2. Rural	1. Open field	1. Free-roaming domestic pig
				3. Captive Proximity to:	2. Forested	Eurasian wild pig
1				4. Swine farm: miles	3. Wetland	3. Wild type cross
				5. Airport: miles	4. Other, specify	• •
				6. Landfill: miles		
Age	Class:	Sex:	GPS location:	N	Date Collect	ed:/
1. Ju	venille	1. Male		W		mm /dd / yy
2. Su	ıb-adult	2. Female	Specimen Type		3. Nasal S	wab 4. Blood
3. Ac	lult		(Circle one only)	5. Other, specify:		
	Chaolchara if	anasiman is	0.11	O-Hardan Landan	0-111111-	Little Frank Block Town
	Check here if from same ar previous sam	imal as	Collection Site	Collection Location (Circle all that apply)	Collection Ha (Circle all that a	0 71
	_			1. Urban 2. Rural	1. Open field	Free-roaming domestic pig
	Sample	Bar Code	County State		2. Forested	Eurasian wild pig
				4. Swine farm: miles	3. Wetland	3. Wild type cross
2				5. Airport: miles	4. Other, specify	Έ
				6. Landfill: miles		
Age	Class:	Sex:	GPS location:	N	Date Collect	ed:/
1. Juvenille 1. Male			W		mm /dd / yy	
2. Sub-adult 2. Female		Specimen Type	1. Tonsil 2. Tonsil scraping	3. Nasal S	wab 4. Blood	
3. Adult (Circle one only) 5. Other, specify:						
			T		T	
	Check here if from same an		Collection Site	Collection Location (Circle all that apply)	Collection Ha	
	previous sam	ple.		1. Urban 2. Rural	1. Open field	1. Free-roaming domestic pig
	Sample	Bar Code	County State		2. Forested	Eurasian wild pig
	,			4. Swine farm: miles	3. Wetland	3. Wild type cross
3				5. Airport: miles	4. Other, specify	:
ľ				6. Landfill: miles		
Λαc	Class:	Sex:	GPS location:	N		
_		1. Male	GFS location.	W	Date Collect	ed: // mm /dd / yy
 Juvenille Male Sub-adult Female 		O			, ,	
3. Adult		7,000			wab 4. Blood	
3. Adult (Circle one only) 5. Other, specify:						
Dat	te Sample	s Shipped	I to Testing Lab)://	Number of S	Samples Shipped:
Si~	inaturo of	Submitte	··			
Sig	ınatur e Ol	Submitte	l =		_	
			To k	be completed by testing lab or	nly:	
Date	o Samples I	Pacaivad by	Testing Lab			Revision 12/21/2005

Date Samples Received by Testing Lab: ___/__/__